

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022877

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149Primary Registration District No. 1002Registrar's No. 3000

STATE FILE NUMBER

FILED JUN 25 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN KANSAS CITYLength of stay in 1b
5 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION TRINITY LUTHERAN HOSP.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

COUNTY

JACKSON

Inside Limits
Yes ☒ No ☐c. CITY
OR
TOWN INDEPENDENCEd. STREET
ADDRESS(If outside, give location)
805 CROW AVENUEReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

WILBUR

Middle

M

Last

BORING

4. DATE
OF
DEATH

Month

JUNE

Day

4

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/15/05

9. AGE (last birthday)

56

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

GENERAL TRAFFIC MGR.

10b. KIND OF BUSINESS OR INDUSTRY

THE VENDO CO.

11. BIRTHPLACE (City and state or country)

LOS ANGELES, CAL.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

WILLIAM F. BORING

13b. MOTHER'S MAIDEN NAME

ELIZABETH LOVE

14. NAME OF HUSBAND OR WIFE

MRS. LUCILLE BORING

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

805 CROW AVENUE
MRS. LUCILLE BORING INDEPENDENCE, MO18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

pulmonary embolus

INTERVAL BETWEEN
ONSET AND DEATH

5 min

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Thrombophlebitis

3 wks

DUE TO (c)

lymphosarcoma left groin

undet

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-30-62 to 6-4-62 and last saw her alive on 6-4-62
Death occurred at 2:05 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W. H. Hartwig MD

22b. ADDRESS

6400 Prospect Rd Mo 6562

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

JUNE 7, 1962 MT. MORIAH CEMETERY

23c. NAME OF CEMETERY OR CREMATORIUM

23d. LOCATION (City, town, or county)

KANSAS CITY

(State)

MISSOURI

24. FUNERAL DIRECTOR

D.W. NEWCOMER'S SONS KANSAS CITY, MO.

ADDRESS

1331 BRUSH CR.

25. DATE RECD. BY LOCAL REG.

6-6-62

26. REGISTRAR'S SIGNATURE

Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Hartwig

De 1-8151

Mr. Frederick Hemming
#8 Ocean Bldg - 709 East 63rd Street
3:00 - 5:30
1-8151 - 5th floor

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward M. Storey

Licensed Embalmer No. 1173

P. O. Address K. C. 10th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.